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j0952 U.S. PTO

10-26-00
**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

☐ Duplicate
(check, if applicable)

A
j0931 U.S. PTO
09/695769
10/25/00

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Washington, DC 20231

Attorney Docket No. 9598-101U2 (99-0356)
First Named Inventor: Darwin J. Prockop
Express Mail Label No. EL631606091US
Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the non-provisional utility patent application entitled:

ISOLATION AND EXPANSION OF HUMAN MARROW STROMAL CELLS

which is:

an ☒ Original; or

a ☐ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)
of prior Application No. _____ filed _____.

Anticipated Group/Art Unit: _____ or Class _____, Subclass _____.

☒ This non-provisional patent application is based on Provisional Patent Application
Nos. 60/162,474, filed October 29, 1999; and 60/189,109, filed March 14, 2000.

Enclosed are:

- ☒ Specification (including Abstract) and claims: 64 pages.
- ☒ Non-executed Declaration.
- ☐ Copy of Declaration from prior application.
- ☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- ☒ 32 sheets of drawings (formal) plus one copy.
- ☐ Microfiche computer program (Appendix).
- ☐ Nucleotide and/or Amino Acid Sequence Submission, including:
 - ☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.
- ☐ Under PTO-1595 cover sheet, an assignment of the invention.
- ☐ Certified copy(ies) of _____ Application No(s). _____ filed _____ is/are filed:
 - ☐ herewith or ☐ in prior application _____.
- ☐ Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under 37 C.F.R. §1.27 as ☐ an Independent Inventor, or ☐ a Small Business Concern, or ☐ a Non-Profit Organization.
- ☐ Preliminary Amendment.
- ☐ Information Disclosure Statement, PTO-1449, and cited references.
- ☐ Other:

The filing fee is calculated as follows:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE:			BASIC FEE:	
			\$355			\$710	
Total	41-20 =	21	X9	\$	OR	X18	\$ 378
Independent	9- 3=	6	X40	\$	OR	X80	\$ 480
<input type="checkbox"/> Multiple Dependent Claims Present			\$135	\$	OR	\$270	\$
			TOTAL	\$	OR	TOTAL	\$1,568

- ☐ The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts.
- ☒ A check in the amount of \$1,568.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 209598.0118)** as noted below. A duplicate copy of this sheet is enclosed.
- ☒ Any overpayments or deficiencies in the above-calculated fee.
- ☐ Filing fee in the amount of \$_____ as calculated above.
- ☒ Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
- ☒ In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS:

October 23, 2008
(Date)

By:

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Enclosures